## 13020530910

SECRETARY OF THE PUBLIC REPAGE WATE

## FEC FORM 2 STATEMENT OF CANDIDACY

13 NOV 12 PH 1:31

| (a) Name of Candidate (in full)  |                              |                  |                 |   |                |                                       |
|--|------------------------------|------------------|-----------------|---|----------------|---------------------------------------|
| MITCH MCCONNELL  (b) Address (number and street) □ Check if address changed  |                              |                  |                 | 2 Condidate a FEC                                   |                | 1. 12. 12. 1                          |
| 2318 DUNDEE ROAD   |                              |                  |                 | Candidate's FEC Identification Number     S2KY00012 |                |                                       |
| (c) City, State, and ZIP Code  |                              |                  |                 | 3. Is This  | New            | Amended                               |
| LOUISVILLE   | KY 40205                     |                  |                 | Statement   | (N) OR         | Amended (A)                           |
| 4. Party Affiliation   | 5. Office Sought             |                  |                 | rict of Candidate                                   |                |                                       |
| REPUBLICAN PARTY   | Senate                       |                  | KY              | 00  |                |                                       |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |                              |                  |                 |   |                |                                       |
| 7. I hereby designate the following name   | ned political committee as r | ny Principal (   | Campaign Comm   | nittee for the 2014<br>(year of                     | election)      | on(s).                                |
| NOTE: This designation should be fi  | ed with the appropriate off  | ice listed in th | e instructions. |   | ŕ              |                                       |
| (a) Name of Committee (in full)  |                              |                  |                 |   |                |                                       |
| MCCONNELL SENA   | TE COMMITTEE                 | E '14            |                 |   |                |                                       |
| (b) Address (number and street)<br>PO BOX 1496   |                              |                  |                 |   |                |                                       |
| (c) City, State, and ZIP Code  |                              |                  |                 |   |                | <del></del>                           |
| LOUISVILLE   |                              |                  | KY              | 40201   |                |                                       |
|  |                              |                  |                 |   |                |                                       |
| I hereby authorize the following name candidacy.      NOTE: This designation should be file      (a) Name of Committee (in full)   |                              |                  |                 | mittee, to receive and                              | expend funds   | on behalf of my                       |
| MCCONNELL VICTO  | ORY COMMITTE                 | E                |                 |   |                |                                       |
| (b) Address (number and street)<br>228 S WASHINGTON STREET   | SUITE 115                    |                  |                 |   |                |                                       |
| (c) City, State, and ZIP Code  |                              |                  |                 | <del>-</del> · · · · · · · · · · · · · · · · · · ·  |                |                                       |
| ALEXANDRIA   |                              |                  | VA              | 22314   |                |                                       |
| l certify that I have exam   | ined this Statement and to   | the best of n    | ny knowledge an | nd belief it is true, come                          | ect and comple | ete.                                  |
| Signature of Candidate  MITCH MCCONNELL  MULL  M | Ma Come                      | 'e               |                 | Date 10/14  | 9/13           | · · · · · · · · · · · · · · · · · · · |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.  |                              |                  |                 |   |                |                                       |
|  |                              |                  |                 |   |                |                                       |
|  |                              |                  | <u> </u>        |   |                |                                       |
|  |                              |                  |                 |   | FEC            | FORM 2 (REV. 02/2009)                 |